

**State of Rhode Island and Providence Plantations
Rhode Island Department of Public Safety
Rhode Island Municipal Police Training Academy**

Public Notice of Proposed Rule-Making

Pursuant to the provision of section 42-28-25 of the General Laws of the Rhode Island, and in accordance with the Administrative Procedures Act Chapter 42-35 of the General Laws, the Department of Public Safety hereby gives notice of its intent to amend the rules and regulations governing the Rhode Island Municipal Police Training Academy.

The purpose of the amendment is to update and provide corrections to the rules and regulations for staff members, instructors, and recruits of the Municipal Police Training Academy.

The proposed rule is available for public inspection at <http://www.sos.ri.gov/ProposedRules/>, in person at the Department of Public Safety, or requested by mail to Maura Gazerro, Rhode Island Department of Public Safety, 311 Danielson Pike, North Scituate, RI 02857, by e-mail to mgazerro@risp.dps.ri.gov, or by calling Maura Gazerro at (401) 444-1298.

In the development of the proposed adoption, consideration was given to (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

All interested parties are invited to submit written or oral comments concerning the proposed regulation by August 19, 2013 to Maura Gazerro, Rhode Island Department of Public Safety, 311 Danielson Pike, North Scituate, RI 02857, (401) 444-1298, or mgazerro@risp.dps.ri.gov.

In accordance with RIGL 42-35-3, and oral hearing will be granted if requested by twenty-five (25) persons, by an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice. Requests should be made through Maura Gazerro, Rhode Island Department of Public Safety, 311 Danielson Pike, North Scituate, RI 02857, (401) 444-1298, or mgazerro@risp.dps.ri.gov.

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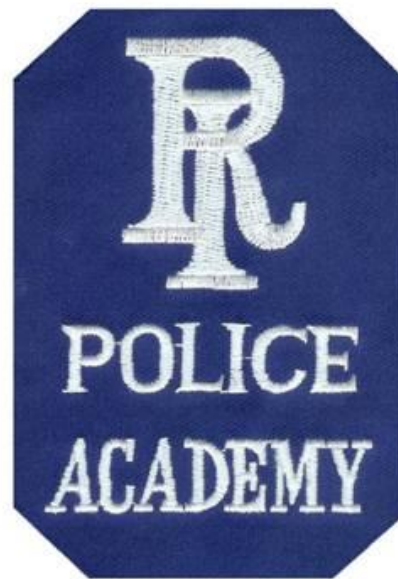
**Concise Summary of Proposed Non-technical Amendments to
Rhode Island Municipal Police Training Academy Rules and Regulations Manual**

In accordance with the Administrative Procedures Act, Section 42-35-3(a)(1) of the General Laws of Rhode Island, the following is a concise summary of non-technical amendments:

1. **FOREWORD:** the word “current” is being removed to make the rules and regulation constant;
2. **FOREWORD:** “Colonel Brendan P. Doherty” is being removed because he is no longer the Commissioner of the Department of Public Safety;
3. **FOREWORD:** “Superintendent of the Rhode Island State Police” is being removed because the title is no longer necessary for inclusion since the Superintendent is no longer being named in the section;
4. **Chapter I, Section 5(I):** the subsection is being removed because this is now the responsibility of the Department of Public Safety;
5. **Chapter II, Section 1(A):** “Senior Training Specialist” is replacing the title “Assistant Director of Operations” due to this title change;
6. **Chapter II, Section 1(A):** “Officer” is replacing “Coordinator” after “Basic Training” due to this title change;
7. **Chapter II, Section 1(A):** “Class Training Officer” was added to this section due to this being an added position to the staff list;
8. **Chapter II, Section 2(A):** refer to #5 above
9. **Chapter II, Section 2(A)(8):** this subsection is being removed because this responsibility is held by the Administrative Assistant;
10. **Chapter II, Section 2(B):** refer to #6 above; “Assistant Director of Basic Training” was removed because this is no longer an alternate title for this position;
11. **Chapter II, Section 2(B)(13):** the subsection is being removed because this responsibility is held by the Administrative Assistant;
12. **Chapter II, Section 2(B)(14):** “required community service projects” is replacing “a professional advancement fundraising program” to update the responsibilities of this position;
13. **Chapter II, Section 3(C)(4):** “It is important to start classes on time” is being removed because although relevant, it is not appropriate to include in the manual;
14. **Chapter II, Section 4(E):** this section was added because it contains additional information on academic standards for recruits.
15. **Chapter II, Section 4(F)(1)(b):** “typed” is being replaced by “legible” to clarify the expectations for Notebook maintenance;

16. **Chapter II, Section 5(B)(1):** refer to #5 and #6 above
17. **Chapter III, Section 7(A):** the language “either the Assistant Director of Operations” is being deleted because the position does not exist;
18. **Chapter III, Section 9(A)(9):** “Bullet proof vest” is being replaced with “Concealable soft body armor,” which is the most appropriate term for this piece of uniform equipment;
19. **Chapter III, Section 11(A):** “Basic Training Officer” is replacing “Academy Staff” to clarify that only the Executive Director or Basic Training Officer can excuse an absence or tardiness;
20. **Chapter III, Section 11(C):** “Basic Training Officer” is replacing “Academy Staff” to clarify that the Basic Training Officer is the person who must be directly notified when a recruit knows he/she will be late reporting to the Academy;
21. **Chapter III, Section 14(A) and (C):** the language “...(and) with the approval of the Chair of the Rhode Island Police Officers Commission on Standards and Training.” is being deleted because this approval from the P.O.S.T. Chair is not necessary for emergency situations that arise for a recruit;
22. **Chapter III, Section 18(B):** “Basic Training Officer” is replacing “Academy staff” because the Basic Training Officer is the person who prescription medications must be reported, not just any member of the academy staff;
23. **Chapter III, Section 32(B):** “**or ammunition**” was added after weapons to ensure that recruits did not leave ammunition unattended in their vehicles as well;
24. **Chapter III, Section 33(A):** “The Executive Director” is replacing “Academy Staff” to clarify that only the Executive Director can approve the presence of visitors not directly connected with the Academy;
25. **Appendix A-1:** an updated version of the Application of Enrollment is replacing the outdated version; in Section 6: Criminal History, information regarding motor vehicle violations has been added as necessary to provide in the application;
26. **Appendix A-2:** an updated version of the Medical History Statement is replacing the outdated version; the section requesting information on the medical histories of family members has been removed;
27. **Appendix A-3:** an updated version of the Medical Examination Report is replacing the outdated version; the only difference is a correction in the address of the Academy;
28. **Appendix A-4:** the Rhode Island Municipal Police Academy Physical Fitness Standards Booklet is being replaced by the Physical Fitness Standards Assessment, a Cooper Standards assessment that is the national standard for police academy physical fitness assessment.
29. **Appendix A-5 & A-6:** names on the letterhead were updated and the RIMPTA logo was added.

RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY



Rules and Regulations Manual

FOREWORD

The Rhode Island Municipal Police Training Academy was established in 1969 to train and certify all municipal police officers, except those for the city of Providence. Additionally, the Academy was given the responsibility of training police officers from several state agencies that have law enforcement powers.

The first two basic training classes were conducted in Foster, Rhode Island in 1970 under the supervision of the Rhode Island State Police. In 1971 the Academy moved its training operations to the Armory in Warwick and began to train all basic police recruit classes on its own. In August 1981, after moving several more times over the next decade, the Academy moved to the Community College of Rhode Island, Flanagan Campus in Lincoln, Rhode Island where it is currently located. Today the Rhode Island Municipal Police Academy is an agency within the Rhode Island Department of Public Safety. The Rhode Island Police Officers Commission on Standards and Training, with the approval of the Commissioner of Public Safety, establishes the courses of training, and sets rules and regulations relative to the education, physical standards, and personal character of candidates and trainees.

Once a recruit graduates from the Academy and begins their profession as a police officer, the Rhode Island Municipal Police Training Academy also offers continuing education courses and other courses specializing in police operations.

The ~~current~~ Commissioner of the Department of Public Safety, ~~Colonel Brendan P. Doherty, Superintendent of the Rhode Island State Police,~~ hereby enacts this document as the official *Rules and Regulations* of the Rhode Island Municipal Police Training Academy.

All staff and recruits at the Rhode Island Municipal Police Training Academy have the responsibility to learn the policies and procedures of this manual and are expected to know and assume the duties and obligations set forth herein. Failure to comply with any rule or regulation in this manual, or any conduct that is detrimental to the Academy, may result in disciplinary action or dismissal/removal from the Academy.

The Commissioner of Public Safety, who is appointed by the Governor and serves at the Governor's pleasure, has authority to interpret the *Rules and Regulations* of the Rhode Island Municipal Training Academy.

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CHAPTER I

LEADERSHIP

1. ORGANIZATIONAL MISSION

- A. The organizational mission of the Rhode Island Municipal Police Training Academy is distributed among the Commissioner of the Department of Public Safety, the Rhode Island Police Officers Commission on Standards and Training, the Executive Director the Rhode Island Municipal Police Training Academy, Academy Instructors and Staff, and Academy Recruits.
- B. In order to effectively carry out the mission of the Rhode Island Municipal Police Training Academy, it is essential that a philosophy for the delivery of law enforcement training programs and services be established. Most importantly, everyone involved in the program delivery system must understand and carry out the roles and responsibilities assigned to them. Everyone must support the following mission of the Academy:
 - 1. To continually strive to provide the very best programs and service in support of Rhode Island's municipal law enforcement community in a timely, cost effective and safe manner within the allotted resources.
 - 2. To continually bring to the forefront new programs to prepare the members of the Rhode Island municipal law enforcement community for the ever-changing roles and responsibilities that they must assume to protect the lives, property, and environment of their communities.
 - 3. To develop and maintain an effective management team for the administration of the training and education delivery system.
 - 4. To continually promote the professionalism and credibility of the Academy, and to provide an objective role on issues that may impact the delivery of emergency services in Rhode Island.
 - 5. To strive to offer all programs and services on a fair and equitable basis statewide.
 - 6. To promote and maintain a good working relationship with the various training organizations and academies throughout the region as well as government officials and agencies.
 - 7. To recognize that each member of the Rhode Island Municipal Police Training Academy brings talent, skill and dedication to their duties and responsibilities. The Academy recognizes its obligation to provide each member opportunities to share their talents and skills, and to

grow intellectually and professionally. The Academy encourages each staff member to be highly visible and easily accessible.

8. To implement or modify policies and procedures, as appropriate, to achieve the mission of the Rhode Island Municipal Police Training Academy.

2. RHODE ISLAND POLICE OFFICERS COMMISSION ON STANDARDS AND TRAINING

- A. The Rhode Island Police Officers Commission on Standards and Training establishes rules, regulations, policies, and standards for certification and training of municipal and state criminal justice personnel, maintains records of law enforcement training, and serves as a resource to municipalities and the state to improve the quality of law enforcement pursuant to Rhode Island General Laws.
- B. The Rhode Island Police Officers Commission on Standards and Training is made up of five members appointed by the governor. At least one (1) member shall be appointed upon recommendation from the Rhode Island League of Cities and Towns, and at least three (3) members shall be chiefs of municipal police departments.

3. DUTIES AND RESPONSIBILITIES OF THE RHODE ISLAND POLICE OFFICERS COMMISSION ON STANDARDS AND TRAINING

- A. The Rhode Island Police Officers Commission on Standards and Training shall prepare and establish mandatory training standards relative to: minimum standards of physical, educational, mental, and moral fitness that shall govern the recruitment, selection, and apportionment of police officers; the establishment of courses of training; minimum courses of study, attendance requirements, and required equipment and facilities; minimum qualifications for instructors at the Academy; and minimum basic training requirements for completion by police officers appointed and not appointed to probationary terms for eligibility for continued or permanent employment.
- B. The Rhode Island Police Officers Commission on Standards and Training shall establish: classifications of in-service training programs and minimum courses of study and attendance requirements for them; subordinate regional training centers in strategic geographic location in order to serve the largest number of local police agencies; and a schedule of sessions of the school, of which there shall be a minimum of one session per year.
- C. The Rhode Island Police Officers Commission on Standards and Training shall authorize the establishment of police training schools by any municipality that

demonstrates it can satisfactorily meet the minimum standards established for police training schools.

4. EXECUTIVE DIRECTOR

- A. The Executive Director shall be responsible for the direction and control of all operations and affairs of the Academy, subject to the provision of his/her title, as established by the Commissioner of the Department of Public Safety and the Rhode Island Police Officers Commission on Standards and Training.
- B. The Executive Director shall be vested with all the powers, rights, and privileges attending the responsibilities of management and may exercise same, where appropriate, by law, rule, policy, and directives of the Commissioner of Public Safety and Rhode Island Police Officers Commission on Standards and Training, and which shall be binding on all employees and recruits at the Academy.

5. DUTIES AND RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR

- A. The Executive Director shall determine and establish the form of the organization of the Rhode Island Municipal Police Training Academy.
- B. The Executive Director shall create subordinate organizational sub-divisions within the Academy, and determine and define the functions, duties, and responsibilities of each.
- C. The Executive Director shall assign and allocate recruits of the Academy to such duties and organizational sub-divisions, as in his/her best judgment may be necessary to best serve the public, the Department of Public Safety, the Rhode Island Police Officers Commission on Standards and Training, and the Academy.
- D. The Executive Director is responsible for regulating attendance, conduct, training, discipline, and procedure for all staff, instructors and recruits, and to make rules, regulations, policies, and procedures for the management of the Academy, its employees and recruits.
- E. The Executive Director is responsible for executing contracts and other instruments, as may be authorized in the exercise and performance of the powers vested in him/her and the Rhode Island Municipal Police Training Academy.
- F. The Executive Director shall acquire, hold, control, and maintain all property, equipment, facilities and premises necessary for the operation of the Academy.
- G. The Executive Director shall establish and modify a system for receiving and processing the records of the administration, management, and operation of the

Academy, and establish procedures, not inconsistent with law, for the maintenance of said records.

- H. The Executive Director shall study, develop, disseminate, recommend and assist in the implementation of the policies and procedures of the Rhode Island Police Officers Commission on Standards and Training.

~~I. The Executive Director shall plan, develop, and administer the Rhode Island Municipal Police Training Academy budget.~~

- J. The Executive Director shall represent the Academy and serve as a liaison to the Rhode Island Police Officers Commission on Standards and Training, the Rhode Island Police Chiefs Association, other inter-governmental committees, boards, task forces, State of Rhode Island legislative and executive entities, professional law enforcement, educational institutions and related organizations, and in public forums.

CHAPTER II

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§ 3. Qualifications and Standards of Conduct for Instructors

§ 4. Academic Standards

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CHAPTER II

RECRUIT TRAINING

1. RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY STAFF

- A. The staff of the Rhode Island Municipal Police Training Academy that falls under the Executive Director is made up of the following positions: ~~Assistant Director of Operations~~ Senior Training Specialist, Basic Training ~~Coordinator Officer~~, Class Training Officer, Law Enforcement Highway Safety Coordinator, Administrative Assistant to the Director, and Adjunct Instructors.

2. DUTIES AND RESPONSIBILITIES OF ACADEMY STAFF MEMBERS

- A. *In-Service Training Coordinator* (~~Assistant Director of Operations~~ Senior Training Specialist): shall report directly to the Executive Director of the Academy, and is responsible for the development, management, and administration of all continuing education programs for municipal and State law enforcement agencies. This person shall also be responsible for the following:

1. Develop, implement, manage, evaluate, and administer all in-service training programs for law enforcement personnel;
2. Establish standards for entry into and exit from the Academy; develop, implement, administer and evaluate all In-Service Training/Continuing Education programs offered by the Academy;
3. Ensure the periodic review of all training programs and establish a system to assess the relevancy, efficiency, professionalism, and educational value of each training component;
4. Coordinate, supervise, and evaluate the performance of all full and part-time instructors to ensure that their conduct, capabilities, and lesson plans reflect the standards of the Academy and accepted instructional practices, and ensure collaboration for training amongst instructors, where applicable;
5. Manage and maintain in-service training budgets, schedules, and records;
6. Provide data, documentation and input into the development of grant proposals; assist in the development and administration of grant-funded training programs;
7. Provide data from the Academy to law enforcement agencies seeking and maintaining accreditation;
8. ~~Serve as the Veterans Affairs certifying official for Veteran student benefit programs.~~

- B. *Basic Training Coordinator Officer* (~~Assistant Director of Basic Training~~): the ~~Assistant Director of Programming~~ Basic Training Officer shall report directly to

the Executive Director of the Academy, and will be responsible for the development, management, and administration of all basic recruit training programs and those functions assigned by the Executive Director to include, but not limited to:

1. Develop long and short range plans for the Academy;
2. Develop, implement, manage, evaluate, and administer all basic recruit training programs for law enforcement personnel;
3. Perform routine analyses of curricula content to determine relevancy to objectives, and provide recommendations for adaptation or amendment;
4. Establish standards for entry into and exit from the Academy;
5. Manage and control the Academy rules and regulations;
6. Research and coordinate the implementation of work-study, internships, and other part-time personnel projects that offer personnel resources to the Academy;
7. Coordinate, supervise, and evaluate the performance of all full and part-time basic training instructors to ensure that their conduct, capabilities, and lesson plans reflect the standards of the Academy and accepted instructional practices, and ensure collaboration for training amongst instructors, where applicable;
8. Manage and maintain recruit training schedules and training records;
9. Develop, implement, and update an ongoing process of periodic inspection and evaluation of the full and part-time personnel, attendees, and administrative procedures of the Academy;
10. Direct the administration and management of Academy property, personnel and recruit records, and information systems; and develop and maintain control mechanisms for all Academy property and assets;
11. Administer disciplinary programs for recruit classes;
12. Assist with the research, development, planning and administration of grant-funded training programs;
- ~~13. Serve as the Veterans Affairs certifying official for Veteran student benefit programs;~~
14. Develop and supervise ~~a professional advancement fundraising program~~ required community service projects.

C. ***Administrative Assistant to the Director:*** works under the general supervision of the Executive Director of the Academy as authorized by the Rhode Island Police Officers Commission on Standards and Training. Duties include, but are not limited to:

1. Serve as a confidential secretary/administrative assistant to the Executive Director of the Academy and the Rhode Island Police Officers Commission on Standards and Training;
2. Attend employee disciplinary proceedings, maintain notes, research and prepare written responses to labor complaints, and coordinate operations for grievance hearings;

3. Maintain confidential files; develop, maintain, and secure the medical and psychological testing reports of all recruits, in accordance with established guidelines of the Rhode Island Secretary of State and the Rhode Island General Laws;
4. Create data base files, maintain documentation, and manage all records regarding the financial transactions at the Academy, to include check disbursements, requisitions, invoices, and payment vouchers; also maintains payroll records and oversees payroll disbursements for Academy staff and instructors; plans the purchase and acquisition of all Academy office equipment and supplies;
5. Maintain, monitor, and report all personnel leave and time records, and prepares personnel forms;
6. Serves as Academy liaison to various State departments, the Community College of Rhode Island, Flanagan Campus, vendors, police departments, other state and federal law enforcement agencies, educational institutions, and outside training organizations;
7. Operate as the first point of contact for the Academy to law enforcement agencies and the general public to respond to questions, provide Academy schedules, arrange appointments with training staff, and provide general information services;
8. Perform basic administrative duties to include, but not limited to, maintain website, photocopying, filing, answering phones, and execute mailings;
9. Serve as the Veterans Affairs certifying official for Veteran student benefit programs.

D. ***Adjunct Instructor:*** an individual who has been approved by the Rhode Island Police Officers Commission on Standards and Training at a specified instructor level to teach law enforcement programs.

3. QUALIFICATIONS AND STANDARDS OF CONDUCT FOR INSTRUCTORS

A. Instructors at the Rhode Island Municipal Police Training Academy fall into three categories:

1. ***Basic Level Instructor:*** an instructor certified by the Rhode Island Police Officers Commission on Standards and Training to teach law enforcement programs from an outline prepared by the Academy.
2. ***Advanced Level Instructor:*** an instructor certified by the Rhode Island Police Officers Commission on Standards and Training to teach law enforcement programs from an outline prepared by the Academy, and who also possesses the ability to determine course learning objectives, develop lesson plans, coordinate other instructors, and utilize results of job task analysis material.

3. ***Master Level Instructor:*** an instructor certified to perform Basic and Advance Level Instructor functions, with the added responsibilities of test development (assessment tool application), supervise instructors and support staff, organize training objectives, and assist in developing a budget for specific training programs.
- B. Instructors who are certified by the Rhode Island Police Officers Commission on Standards and Training must seek renewal of their certification every three years from the date of their current level certification award. Only instructors in good standing shall be allowed to seek recertification.
- C. All Instructors at the Academy shall operate according to the following rules of conduct:
1. Instructors shall always conduct themselves in an exemplary manner that will typify their position with the Rhode Island Municipal Police Training Academy.
 2. Instructors shall not use profanity, and shall not use language or demeanor that will intimidate the recruits. Instructors shall refrain from “manhandling” recruits. The only physical contact should be for safety or the instruction of a manipulative skill.
 3. It shall be the responsibility of instructors to thoroughly be prepared for and be familiar with their assigned topic. They shall ensure that they have prepared enough material to cover the assigned class.
 4. Instructors shall be at the assigned class location with ample time to prepare the classroom and materials without undue delay in class start. ~~It is important to start classes on time.~~

4. ACADEMIC STANDARDS

A. General Standards

1. Recruits are required to read books or other materials as assigned.
2. Recruits will be tested by written or oral examination as prescribed.
3. Recruits are required to follow all instructions.

B. Graded Courses

1. The Recruits will be graded on completed assignments for each graded course of study. A graded course of study is not complete until all assignments are submitted and all requirements and standards have been met. The recruit officer’s grade average shall be no less than 70%.
2. Final exams and/or projects will be given in each of the following subject areas:
 - a. Criminal Law

- b. Motor Vehicle Law
- c. Crash Investigation
- d. Patrol Operations
- e. Report Writing
- f. Domestic Violence/Sexual Assault
- g. Basic Crime Scene Investigation
- h. RADAR/Laser
- i. DUI Enforcement (SFST/Breathalyzer)

C. Pass/Fail Courses

1. Certification exams and Practical Skills Assessments (PSA) are graded on a pass/fail basis. A Pass grade is equal to scoring 70%, or higher.
2. Pass / Fail and PSA courses include, but are not limited to:
 - a. Oleoresin Capsicum (OC) Certification
 - b. Impact Weapons
 - c. Firearms
 - d. Emergency Vehicle Operator Course (EVOG)
 - e. Role Playing
 - f. Basic Water Rescue
 - g. First Aid/CPR/AED
 - h. Basic Water Safety
 - i. Physical Training
 - j. Arrest Tactics, Firearm
 - k. Officer Survival

D. If a recruit fails an examination, personal skills assessment (PSA), or project he/she will be counseled, placed on academic probation, and permitted one (1) make up examination, assessment, or project. If the second attempt is failed, then the recruit will be prohibited from certification. ~~If~~The Recruits should be aware that under such circumstances both the Executive Director and the agency head of their sponsoring agency will be notified of the failure (each occurrence).

E. In the case of role play, a failure of one (1) of the five (5) scenarios shall be considered a failure of role play; however the recruit will be afforded the opportunity to participate in all five (5) scenarios. A recruit will be given three (3) attempts at any scenario/station to obtain a pass grade. A debrief will be conducted by instructors after each scenario, and a remedial training session prior to the recruits third and final opportunity to pass the scenario/station.

F. Notebooks

1. Recruits are required to maintain a formal notebook during his/her training.

- a. Course notes, handouts, and manuals must be maintained in this notebook in order of subject.
- b. Course notes maintained in this notebook must be typed legible.
- c. Notebooks will be checked periodically to ensure that they are neat, complete, and organized.

G. Cheating/Plagiarism

1. Recruits shall not plagiarize or present the work of others as their own.
2. Recruits shall not cheat, or attempt to cheat, on any exam, quiz, project, or practical exercise.
3. Any cheating or plagiarism is considered grounds for suspension and/or expulsion.

5. FITNESS STANDARDS

- A. The Rhode Island Municipal Police Training Academy shall designate a qualified trainer to administer the physical fitness assessment to determine the fitness level of a recruit to learn and perform the essential job functions of an entry-level police officer.
- B. In order to learn and perform the essential job functions of an entry-level police officer, all recruits must participate fully in the physical fitness-training program.
 1. Only those recruits assigned to Limited Participation Days, out on excused absences, or directed by Academy staff with the approval of the Executive Director, ~~Assistant Director(s)~~, or Academy Basic Training Officer, may be excused from participation.
- C. Safety must always be a main priority for all recruits and Academy staff during the Physical Training Program.
- D. All Recruits must achieve a PASS grade to successfully complete the Physical Training Program. To achieve a PASS grade in the Physical Training Program, a Recruit must meet or exceed the following standards:
 1. 300 Meter Run Assessment-50% of Academy recognized Cooper Norms
 2. 1.5 Mile Run Assessment- 50% of Academy recognized Cooper Norms
 3. Successful completion of the Academy Stage 1 (Alpha Course), a Physical Fitness Abilities Assessment, in the Job Defined standard of no greater than 3:02 (minutes/seconds)
 4. Successfully completion of the Academy Stage 2 (Bravo Course), a Physical Fitness Abilities Assessment, in the Job Defined standard of no greater than 1:19 (minutes/seconds)

6. MAINTENANCE OF STUDENT RECORDS

A. It is the responsibility of the Executive Director to maintain all student files in the following manner:

1. Certification records must be maintained in a database with a hard copy in each class file.
2. All records and files regarding all recruits are to be stored in a secured cabinet.
3. The only person authorized other than the Executive Director and Academy staff to review or obtain any information regarding any recruit is that recruit.
 - a. Any designation must be signed by the recruit, and must include the scope of information being requested.

CHAPTER III

RECRUIT CONDUCT

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- § 2. Courtesy**
- § 3. Conduct Unbecoming**
- § 4. Conduct**
- § 5. Insubordination**
- § 6. Harassment and Discrimination**
- § 7. Reporting Harassment and Discrimination**
- § 8. Personal Appearance**
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- § 14. Emergencies**
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- § 30. Addressing Recruits**
- § 31. Reporting**
- § 32. Personal Vehicles**
- § 33. Visitors**
- § 34. Telephone Usage**

CHAPTER III

RECRUIT CONDUCT

1. OBEDIENCE TO RULES AND REGULATIONS

- A. Academy Recruits shall obey the *Rules and Regulations* of the Rhode Island Municipal Police Training Academy and any amendment or additions thereto. A violation of these *Rules and Regulations*, or of any Academy policy, may be sufficient cause for disciplinary action. Ignorance of these *Rules and Regulations* shall not be considered a justification for any such violation.

2. COURTESY

- B. Basic Training recruits are preparing for careers in an environment demanding discipline and manners. Therefore, certain aspects of professional courtesy and bearing will be stressed during the training period.
- C. Recruits shall at all times be courteous and respectful to members of the Academy staff, instructors, fellow recruits, and members of the public.

3. CONDUCT UNBECOMING

- A. Recruits of the Academy shall conduct themselves at all times, both inside and outside of the Academy, in such a manner as to reflect most favorably on the Rhode Island Municipal Police Training Academy and their sponsoring agency. Conduct unbecoming in a recruit shall include any conduct that brings or may bring the Academy into disrepute or reflects discredit upon the recruit or impairs the operation or efficiency of the Rhode Island Municipal Police Training Academy or the recruit.
- B. Any recruit who commits any act that can be considered conduct unbecoming a police professional while a member of the basic training class, inside or outside of the Academy, may be removed from the Academy. Where appropriate, recruits are also subject to applicable criminal and civil penalties.

4. CONDUCT

- A. Recruits shall maintain a level of moral conduct in their personal and business affairs that is in keeping with the highest ethical standards of the law enforcement profession. Recruits shall not participate in any incident involving moral turpitude that impairs their ability to perform as Academy recruits or causes the Academy or their sponsoring agency to be brought into disrepute.

5. INSUBORDINATION

- A. Insubordination or disrespect towards superior authority at the Academy is strictly prohibited. Insubordination is defined as a failure to recognize the authority of any superior by disrespect or by disputing a superior's order.

6. HARRASSMENT AND DISCRIMINATION

- A. Recruits shall not engage in conduct which has the effect of discriminating or harassing other individuals because of race, ethnicity, sexual orientation, disability, religious belief, age, gender, gender identity, politics or similar personal characteristics.

7. REPORTING HARASSMENT AND DISCRIMINATION

- A. In the event that a recruit feels that he/she has been the victim of a sexually harassing act, or other harassing or discriminatory act, or violence at the Academy, he/she shall immediately make a complaint ~~through either the Assistant Director of Operations or~~ the Basic Training Coordinator, or directly to the Executive Director of the Academy concerning the incident. Failure to report an incident immediately will not preclude a recruit from pursuing a complaint. In such cases the chain of command need not be followed to initiate such a complaint.

8. PERSONAL APPEARANCE

- A. Recruits shall be neat, clean, and well groomed and present a professional appearance at all times while at the Academy.
- B. Recruits will adhere to acceptable standards of good personal hygiene and appearance. Mandatory showering is required following physical fitness, use of force, and aquatics training.
- C. General Hair Regulations –
 - 1. Male and Female Staff Members and Instructors
 - i. The length and/or bulk of the hair shall not be excessive or present a ragged, unkempt or extreme appearance.
 - ii. Hair may not be worn in multiple ponytails, or in a Mohawk style.

- iii. The length or bulk of the hair shall not interfere with the proper wearing of any police headgear, or impede the training process.

2. Male and Female Recruits

- i. The length and/or bulk of the hair shall not be excessive or present a ragged, unkempt or extreme appearance.
- ii. Hair may not be worn in multiple braids, ponytails, cornrows, or in a Mohawk style.
- iii. The length or bulk of the hair shall not interfere with the proper wearing of any police headgear, or impede the training process.

D. Hair Regulations – Males

- 1. Hair shall be neat and well trimmed. Hair should not touch the collar or eyebrows and should not cover any part of the ear.
- 2. Sideburns should be neatly trimmed and tapered and will not extend below the top of the ear lobe.
- 3. The face shall be clean-shaven. Beards and mustaches are prohibited.

E. Hair Regulations - Females

- 1. Hair shall be either cut so that it does not touch the collar of the shirt, or worn up in a twist or bun above the collar of the shirt. All hairstyles must be such as to stay in place and not hang over the eyes.

F. Jewelry

- 1. Recruits are allowed to wear wristwatches, wedding bands, and Medic Alert IDs. Wristwatches must be removed during the Physical Training tests, Use of Force tests, and Agility Tests.
- 2. Female recruits are allowed to wear stud earrings only; however they must be removed during all physical fitness activities and tests.
- 3. Female recruits are allowed to wear engagement rings; however they do so at their own risk.
- 4. Religious emblems may be worn, but must be concealed under the uniform. Any recruit that chooses to wear one does so at his/her own risk.

G. Make-up

- 1. The use of make-up by recruits is not allowed without permission of the Academy Staff. Only clear fingernail and toenail polish is allowed.

9. WEARING OF THE ACADEMY UNIFORM

A. The designated uniform shall be worn while at the Academy and for all visits outside the Academy, unless otherwise specified. Recruits shall be well groomed with uniforms that are clean, pressed and creased properly. Shoes and belts shall be highly polished. The Academy uniform will consist of the following:

1. Academy-approved shirt – buttoned and tucked into trousers
2. Academy-approved trousers
3. Department duty belt
4. Black or navy blue socks
5. Black shoes or boots
6. Dark blue tie
7. Cap
8. A nameplate – centered above the left pocket
9. ~~Bullet-proof vest~~ Concealable soft body armor – worn under uniform shirt and under PT shirt
10. Academy jacket (Shell) – over any winter jacket or departmental jacket
11. Class and squad leaders will wear the proper chevron on the collars of their uniforms

B. Use or misuse of the Academy uniform in any manner other than as directed by the Executive Director, Academy staff or instructional staff will result in disciplinary action.

C. Physical Fitness Uniforms

1. Two (2) basic t-shirts
2. Two (2) running shorts
3. One (1) pair basic sweatpants
4. One (1) basic sweatshirt
5. Plain white athletic socks
6. Two (2) pair sneakers, running and court preferred
7. Black watch cap and black gloves, for winter training only

10. INSPECTIONS

A. Personal inspections will be held most mornings during basic training. Recruits, all training areas, and classrooms shall be available for inspection at any time.

- B. Any member of the Academy Staff or any member of the Rhode Island Police Officers Commission on Standards and Training may conduct his/her inspection without prior notice.
- C. Recruits are responsible for the following during inspections:
 - 1. Uniform
 - 2. Appearance
 - 3. Training areas under the recruits' control

11. ABSENCE/TARDINESS

- A. Recruits are required to be in attendance at the Academy at all scheduled classroom hours and training exercises, unless they are excused by the Executive Director or ~~Academy Staff~~ Basic Training Officer.
- B. Recruits may not hold any outside employment or attend any other school that will conflict with the required hours at the Academy.
- C. Any recruit who knows he/she will be late reporting to the Academy must notify ~~a member of the Academy staff~~ Basic Training Officer. The recruit's present location and estimated time of arrival must be indicated.
- D. In either case of absence or tardiness, the recruit must notify their respective sponsoring agency. All missed work shall be made up.

12. NOTIFICATION OF ILLNESS OR INJURY

- A. Sickness, illness or injury during training must be reported immediately to Academy Staff. Arrangements will be made for transportation to a medical facility or hospital, as required. A written report will be submitted by the recruit to Academy Staff for any injury or sickness as soon as practicable.
- B. A recruit who is not able to report to the Academy because of illness or injury is eligible to use his/her two-day sick leave.
 - 1. Recruits are required to call the Academy and speak with a staff member as soon as possible when they are unable to report due to illness or injury. The phone call should be made for each day of sick leave absence unless waived by the Executive Director.

2. Recruits will be required to submit a physician's certificate for any use of sick leave. The physicians note must include the following information:
 - a. Medical recommendation for recruit Academy participation;
 - b. Date of expected return to training;
 - c. Notations on limited participation, all medications or physical therapy prescribed and follow up medical recommendations.

13. FICTITIOUS ILLNESS OR INJURY REPORT

- A. Recruits shall not feign illness or injury, falsely report themselves ill or injured, or otherwise deceive or attempt to deceive any staff member of the Academy as to **the condition of their health.**

14. EMERGENCIES

- A. Emergency leave may be granted for sudden and unanticipated emergencies occurring within the recruit's immediate family at the discretion of the Executive Director ~~with the approval of the Chair of the Rhode Island Police Officers Commission on Standards and Training.~~
- B. In the event of a death in a recruit's immediate family (spouse, child, parent, sibling, father-in-law, mother-in-law, grandparent), the recruit shall be entitled to three days bereavement leave. The Executive Director may grant such additional leave as necessary.
- C. Requests involving any extenuating circumstances that would not be covered under "immediate family" may be granted at the discretion of the Executive Director ~~and with approval of the Chair of the Rhode Island Police Officers Commission on Standards and Training.~~
- D. Only sick leave, court subpoenas or emergency leave (death in family/extenuating circumstances) can be used as reasons for absence during the Academy training period. All such requests shall be made through the recruits sponsoring department in writing and approved with permission of the Executive Director, or his/her designee.

15. REST PERIOD/MEALS

- A. In order to maintain professional decorum and reduce recruit class impact on the CCRI community and all other training facilities, recruits shall eat lunch and dinner and take break periods in the designated areas on and off campus. Breaks are given at the discretion of the instructor.

B. While on campus, recruits are required to eat lunch, dinner and spend all break periods in the CCRI cafeteria, unless directed otherwise by Academy staff.

1. Talking will not be allowed until all recruits are seated. Recruits will sit together as a group in the cafeteria during meals and breaks. All recruits shall conduct themselves in a proper manner while in the cafeteria. Loud or boisterous talking or disruption of any sort will not be tolerated. Only low conversation is permitted.

16. USE OF TOBACCO AND GUM

- A. Recruits are prohibited from smoking and chewing tobacco products at all times while attending the Academy.
- B. Recruits will not chew gum while attending the Academy

17. USE OF ALCOHOL AT THE ACADEMY

- A. A recruit who drinks or possesses, or is found to be in any degree impaired or under the influence of intoxicating beverages at the Training Academy; will be dismissed from the Academy, unless the Recruit has the permission of the Executive Director or their designee as part of an approved police training course.

18. USE OF DRUGS

- A. A recruit who possesses, uses, sells or transfers any illegal drug, controlled substance or unauthorized prescription will be dismissed from the Academy. A recruit who is found to be in any degree impaired or under the influence of drugs will be dismissed from the Academy.
- B. Prescription drugs and medicines must be in original container with appropriate patient, doctor, and dosage information intact. Recruits will take the drug as needed in accordance with prescribed dosage. Any recruit required to take a regulated drug prescribed by a physician will report this in writing to the ~~Academy staff~~ Basic Training Officer. Over-the-counter, non-prescription medication may be taken as needed.

19. JURISDICTION

- A. If a Recruit has police powers, he/she should be cognizant of these powers at all times. Recruits should be guided by State laws regarding jurisdictional authority and their department's regulations.

20. HANDLING OF WEAPONS

A. Firearms

1. All Recruits shall attend the Firearms preparation course (classroom) prior to engaging in any firearms training programs during the Basic Training Program. Recruits shall maintain proper professional decorum at all times when in possession of their firearm. There will be zero tolerance for any behavior that could create a safety hazard.
2. In all Academy firearm programs, safety shall be considered a paramount element of the training process. All safety code violations shall be reported to Academy staff and documented by a recruit officer and staff member on an incident report.
3. Recruits shall not possess a loaded firearm unless it is safe to do so. This regulation relates to training at the range and is at the command of Academy Range Staff. Recruits shall not be in possession of live ammunition unless authorized by Academy Staff.
4. If at any time a recruit is asked to surrender their weapon, they shall do so immediately to the Academy staff member.
5. While at the firing range, all Recruits are required to wear safety glasses and ear protection. Failure to do so will result in immediate removal from the firing range. Incidents shall be documented in the recruits file.
6. A recruit shall not successfully complete any further Academy course of study if they are considered unsafe to possess a firearm by Academy staff.
7. The Executive Director may dismiss any recruit officer who is considered by the firearms, officer survival or shotgun instructors a danger to him/her self and/or others on the firing range.
8. It is mandatory for all instructors and recruits to wear body armor / ballistic vests when participating in firearm programs and training.

B. No live Oleoresin Capsicum (O.C.) or other chemical weapons are allowed in the possession of a recruit at any time unless authorized by the Academy Staff.

C. Recruits shall not be in possession of any other weapons unless authorized by Academy Staff. Weapons shall not be left unattended in a vehicle on or off campus.

21. GIFTS AND GRATUITIES

- A. Recruits will not solicit funds to buy gifts for instructors or any member of the Academy staff.

22. SOLICITING PERSONAL ADVANCEMENT

- A. Recruits shall not solicit the intervention or influence of persons outside the Academy for the purpose of obtaining advancement or to avoid discipline for themselves or any other recruit. Any such attempt shall be considered equivalent to insubordination and shall be treated accordingly

23. GAMBLING

- A. No recruit at the Academy shall participate in any form of gambling while at the Academy.

24. RELATIONS WITH OTHER RECRUITS

- A. Recruits shall never behave disrespectfully or use threatening or insulting language toward any other employee. Recruits shall not offer violence against, nor strike or attempt to strike any other recruit.
- B. In their dealings with others at the Academy, all recruits shall act in a professional, respectful manner befitting individuals who share the common goal of safeguarding lives in the public interest.
- C. A recruit who engages in any sexual activity at the Academy, or attempts to engage in an act of a sexual nature, including, but not limited to, any consensual sexual relationship, any lewd, lascivious, or indecent act or offense, or indecent exposure, will be discharged from the Academy.

25. MARKING OR ALTERING ACADEMY NOTICES

- A. Each recruit shall check the bulletin board on a regular basis for directives, notices, schedules, and announcements.
- B. Recruits shall not remove, mark, alter, mar, or deface any printed or written notice, schedule, or announcement posted on any bulletin board or blackboard maintained by the Academy.
- C. Recruits are allowed to post official Law Enforcement and Academy related material on the bulletin board with the permission of Academy Staff.

- D. All notices of a personal nature and/or of a derogatory character regarding any recruit are strictly prohibited.

26. OPERATION OF TRAINING VEHICLES

- A. Department training vehicles will be issued by the sponsoring agencies and shall be used for official training or training related purposes only. The type and condition shall be representative of the vehicles recruits would be expected to operate in the field. Personal use of the training vehicles by recruits is prohibited, unless authorized by sponsoring department.
- B. All recruit officers will operate training vehicles in a responsible and professional manner and will comply with all applicable traffic laws. Operators and passengers will utilize seat belts at all times. The speed limit shall be obeyed at all times, on and off site.
- C. A Recruit may not operate a training vehicle if their ability to safely operate the motor vehicle is impaired. Loss or suspension of any driving license shall be reported immediately.
- D. All accidents involving training vehicles shall be reported immediately to Academy Staff and the respecting sponsoring agency. A training vehicle damaged or found to be inoperable or unsafe while operated by a recruit shall be reported to Academy staff immediately.
- E. Recruits shall not use training vehicle emergency equipment at any time unless authorized by instructional staff or under emergency circumstances.

27. VIOLATIONS

- A. Violations of these *Rules and Regulations* or of any policy, procedure, directive, order, or command given lawfully by superior authority, may be grounds for disciplinary action. The Executive Director or his/her designee will determine appropriate disciplinary action.
- B. Recruits who observe or who have knowledge of violations of laws, ordinances, rules, regulations, or official orders on the part of another recruit shall immediately report such incidents to Academy staff.
- C. The following actions may be taken depending on the level of severity of the violation:
 - 1. An entry into the Recruit Assessment System.

2. A written reprimand (Incident Report); copied to sponsoring agency.
3. Suspension from Basic Training pending a Rhode Island Police Officers Commission on Standards and Training hearing.
4. Expulsion from Basic Training pending a Rhode Island Police Officers Commission on Standards and Training hearing.

28. BEARING

- A. Recruits shall be courteous, respectful and will maintain a professional military bearing at all times while at the Academy.

29. SALUTING

- A. Salutes shall be rendered to all Academy Staff members and Adjunct Instructors of the Academy, regardless of whether the recruit is in uniform or plain clothes. Recruits shall also render a salute when reporting to, addressing, or being addressed by sworn police officers regardless of rank. All recruits will render all salutes as prescribed within the outlined procedures of the Academy's professional courtesy and saluting policy.

30. ADDRESSING RECRUITS

- A. Recruits will be addressed by **"RECRUIT (LAST NAME)"** or by his/her last name. The use of vulgar, obscene, profane, humiliating, racially, ethnically, or sexually degrading language to refer to a male or female recruit, directly or indirectly, is strictly prohibited.

31. REPORTING

- A. When Recruits report to or make an inquiry of an Academy staff member at an office location, the following procedure shall be followed: **RECRUITS** shall knock three times (3x) at the entrance to the office and await a response. If no response, wait thirty (30) seconds and knock again. If still no response, leave and return at a later time. When there is a response, such as "come in" or "enter," step inside, render a salute, and then state:

"Sir/Ma'am, RECRUIT (LAST NAME) requests to speak with (RANK AND NAME OF STAFF MEMBER), regarding (NATURE OF BUSINESS)."

OR

"Sir/Ma'am, RECRUIT (LAST NAME) reporting as directed."

- B. Recruits shall answer all questions and complete his/her statement with “Sir” or “Ma’am”. Recruits shall not leave the area to which they reported until dismissed by the Academy Staff member.

32. PERSONAL VEHICLES

- A. Recruits shall park their private vehicles in the designated parking area at the Academy. All vehicles shall be properly registered, inspected, and contain proof of registration and insurance.
- B. Recruits shall not leave any law enforcement materials, equipment, or books in plain view when parked on or off campus. Recruits shall never leave weapons or ammunition unattended in their vehicles while parked on or off campus.
- C. Any damage to a recruit’s private vehicle on or off campus during training for the Academy shall be immediately reported to Academy Staff.

33. VISITORS

- A. Visits from persons not directly connected with the Academy are prohibited. ~~Academy—Staff~~ The Executive Director must approve any exception. Unauthorized personnel will not be permitted free access to the Academy. Recruits shall not engage themselves in conversations with instructors/personnel who may be attending or instructing at the Academy or here on other business.

34. TELEPHONE USAGE

- A. Only telephone calls of an emergency nature will be accepted for recruits at the Academy.
- B. Recruits will be permitted to use personal cell phones only in the event of an emergency or with prior approval from the Basic Training Officer or his/her designee.
- C. If a recruit is authorized to have a cell phone on them, the ring tone must be silenced or placed on “vibrate” while at the Academy.

APPENDIX

- A-1 Personal Information – Application for Enrollment**
- A-2 Medical History Statement**
- A-3 Medical Examination Report**
- A-4 Rhode Island Municipal Police Training Academy Physical Fitness Standards
Booklet**
- A-5 Liability Waiver Form**
- A-6 Physical Performance Assessment (PPA) Liability Form**

SECTION A-1

PERSONAL INFORMATION

APPLICATION FOR ENROLLMENT



State of Rhode Island
PERSONAL INFORMATION – APPLICATION FOR ENROLLMENT
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Department of Public Safety
RI Municipal Police Training Academy
Community College of Rhode Island
1762 Louisquisset Pike
Lincoln, RI 02865

SECTION 1: PERSONAL

1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. CURRENT ADDRESS		
STREET		APT/UNIT
CITY		STATE ZIP
3. CONTACT NUMBERS		
HOME () -	CELL () -	EMAIL
4. SOCIAL SECURITY NUMBER	5. BIRTHDATE	6. PLACE OF BIRTH
7. SPONSORING POLICE DEPARTMENT		
8. EMERGENCY CONTACT PERSON		9. EMERGENCY CONTACT NUMBER
LAST	FIRST	() -
10. SPOUSE'S NAME		11. SPOUSE'S EMERGENCY NUMBER
LAST	FIRST	() -
12. ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. IF NATURALIZED, DATE OF NATURALIZATION AND COURT

SECTION 2: EDUCATION

NOTE: Please attach school diploma or GED satisfaction.

1. HIGH SCHOOL	2. DATES ATTENDED
	FROM TO
3. ADDRESS	
CITY	STATE
4. MAJOR COURSE OF STUDY	

5. COLLEGE AND GRADUATE SCHOOL EDUCATION

List all schools attended

INSTITUTE	LOCATION	DATES ATTENDED		RECEIVED
A) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
B) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
C) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
D) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
E) NAME	CITY/STATE	FROM	TO	<input type="checkbox"/> DEGREE
	MAJOR	# OF CREDITS COMPLETED		<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE



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Section 2: Education, continued

6. LIST ANY EQUIVALENCY COURSES, CERTIFICATIONS, ETC. CERTIFIED BY THE RHODE ISLAND DEPARTMENT OF EDUCATION. COPY MUST ACCOMPANY THIS APPLICATION.

SECTION 3: MISCELLANEOUS

1. PHYSICAL DESCRIPTION

HEIGHT

WEIGHT

LBS

2. BLOOD TYPE

3. NAME OF FAMILY DOCTOR

LAST

FIRST

4. DOCTOR CONTACT NUMBER

() -

5. DO YOU HAVE ALLERGIC REACTION THAT MAY OCCUR DURING PHYSICAL ACTIVITY? ☐ YES ☐ NO

IF SO, LIST THE ALLEGRIES:

6. ARE YOU TAKING ANY MEDICATIONS?

IF SO, LIST THE MEDICATIONS:

7. ARE YOU A RESIDENT OF RHODE ISLAND? ☐ YES ☐ NO 8. IF SO, HOW LONG?

9. DRIVER'S LICENSE DATE: STATE ISSUED DRIVER'S LICENSE NUMBER:

Please answer each of the following questions:

Y N

☐ ☐

10. Can you swim?

☐ ☐

11. Have you had firearms training?

☐ ☐

12. CPR training?

☐ ☐

13. Do you have specialized medical training?

If yes, list certifications



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HEALTH INSURANCE INFORMATION

Insurance Plan Name: _____

Group/Policy Number: _____

Expiration Date: _____

Policy Holder's Name: _____

Policy Holder's Employer: _____

Relationship: _____

Please note: Applicant must provide proof of health insurance prior to enrollment in the Rhode Island Municipal Police Academy.

SECTION 4: MILITARY SERVICE

NOTE: PLEASE ATTACH A COPY OF DD214

A). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE
B). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE
C). BRANCH OF SERVICE	DATES OF ENLISTMENT/DISCHARGE FROM TO	PROMOTIONS: DATE/RANK
RANK AT TIME OF DISCHARGE	REASON FOR DISCHARGE	TYPE OF DISCHARGE

SECTION 5: WORK EXPERIENCE

1. LIST EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS

EMPLOYMENT HISTORY

A) FROM TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER	CITY	STATE ZIP	
B) FROM TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER	CITY	STATE ZIP	
C) FROM TO	EMPLOYER	PHONE () -	POSITION HELD
<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME	STREET ADDRESS	REASON FOR LEAVING	
<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER	CITY	STATE ZIP	



State of Rhode Island

PERSONAL INFORMATION – APPLICATION FOR ENROLLMENT

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D)	FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
			STREET ADDRESS	REASON FOR LEAVING	
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
			<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		
			CITY	STATE	ZIP
E)	FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
			STREET ADDRESS	REASON FOR LEAVING	
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
			<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		
			CITY	STATE	ZIP
F)	FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
			STREET ADDRESS	REASON FOR LEAVING	
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
			<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		
			CITY	STATE	ZIP
G)	FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
			STREET ADDRESS	REASON FOR LEAVING	
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
			<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		
			CITY	STATE	ZIP
H)	FROM	TO	EMPLOYER	PHONE () -	POSITION HELD
			STREET ADDRESS	REASON FOR LEAVING	
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
			<input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER		
			CITY	STATE	ZIP



State of Rhode Island

PERSONAL INFORMATION – APPLICATION FOR ENROLLMENT

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SECTION 6: CRIMINAL HISTORY

IF YOU HAVE EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) OR HAD AN ARREST/CRIMINAL RECORD EXPUNGED BY A COURT, YOU **MUST** COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR ARREST AND/OR CONVICTION.

IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF ARREST AND/OR CONVICTION.
(PLEASE NOTE: ARREST AND/OR CONVICTION IS NOT AN AUTOMATIC DISQUALIFICATION FOR EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY)

WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION OR DISMISSAL FROM THE RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY.

1. HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY CRIMINAL OFFENSE OR MOTOR VEHICLE VIOLATION?

☐ YES ☐ NO IF YES, PROVIDE THE FOLLOWING DATA:

ARRESTS / CONVICTIONS

A) APPROX DATE LOCATION

OFFENSE DISPOSITION

B) APPROX DATE LOCATION

OFFENSE DISPOSITION

C) APPROX DATE LOCATION

OFFENSE DISPOSITION

D) APPROX DATE LOCATION

OFFENSE DISPOSITION

2. HAVE YOU EVER HAD AN ARREST EXPUNGED?

☐ YES ☐ NO IF SO, LIST DATE(S) AND NATURE OF OFFENSE(S)



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SECTION 7. TO BE COMPLETED AND SIGNED BY THE CHIEF OF POLICE OR APPOINTING AUTHORITY

To: Police Officer's Commission on Standards and Training

The application of _____ for enrollment in the Rhode Island Municipal Police Training Academy with the agreement by him/her to abide by the rules and regulations established for the conduct of Rhode Island Municipal Police Training Academy trainees is hereby forwarded with my approval. I further certify that I have reviewed the above information, find that the information is correct and acceptable and the applicant has prospects of an appointment to the _____ Police Department within the reasonable future, is, or has been a member of the _____ Police Department, and all parties agree that the applicant, while attending the Rhode Island Municipal Police Training Academy, for all intent and purposes is a member of that department.

SIGNATURE

TITLE

DATE

SECTION 8. THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT

I understand that in order for my application to be considered, the Affirmation below must be completed.

I hereby agree that if this application is accepted and I am enrolled in the Rhode Island Municipal Police Training Academy, I will abide by the rules and regulations established for the conduct of Rhode Island Municipal Police Training Academy trainees, and I am aware that any violation thereof may be cause for my dismissal from the Rhode Island Municipal Police Training Academy. It is further understood that the undersigned participates in this training at his/her own risk and that the State of Rhode Island and/or the POST Commission members or instructors shall not be responsible for any injury, or loss, or damage which the undersigned may suffer while/he is attending the Rhode Island Municipal Police Training Academy.

It is the intention of both the Indemnitor (recruit) and the Indemnitee (Academy), its officers, agents, and employees shall not be held liable or in any way responsible for damage, loss, or expense resulting to the Indemnitor due to any accident, mishap, or injury while attending the Rhode Island Municipal Police Training Academy.

If so, Indemnitor waives all rights to make claims or file suit against the Indemnitee for, and relieves the Indemnitee from all liability or responsibility of any kind arising from any accident, mishap or injury.

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be enrolled at the time of such investigation and disclosure, my attendance at the Rhode Island Municipal Police Training Academy may be immediately terminated.

SIGNATURE OF APPLICANT

CITY/TOWN

DATE

NOTARY PUBLIC:



State of Rhode Island
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Department of Public Safety
RI Municipal Police Training Academy
Community College of Rhode Island
1762 Louisquisset Pike
Lincoln, RI 02865

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST

FIRST

MIDDLE

2. CURRENT ADDRESS

STREET

APT/UNIT

CITY

STATE

ZIP

3. CONTACT NUMBERS

HOME () -

CELL () -

EMAIL

4. SOCIAL SECURITY NUMBER

- -

5. BIRTHDATE

6. PLACE OF BIRTH

7. SPONSORING POLICE DEPARTMENT

8. EMERGENCY CONTACT PERSON

LAST

FIRST

9. EMERGENCY CONTACT NUMBER

() -

10. SPOUSE NAME

LAST

FIRST

11. SPOUSE EMERGENCY NUMBER

() -

12. ARE YOU A CITIZEN OF THE UNITED STATES?

☐ YES ☐ NO

13. IF NATURALIZED

DATE

COURT

SECTION 2: EDUCATION

NOTE: Please attach school diploma or GED satisfaction

1. HIGH SCHOOL

2. DATES ATTENDED

FROM

TO

3. ADDRESS

CITY

STATE

ZIP

4. MAJOR COURSE OF STUDY

5. COLLEGE AND GRADUATE SCHOOL OF EDUCATION (list all schools attended)

<u>INSTITUTE</u>	<u>LOCATION</u>	<u>DATES ATTENDED</u>		<u>RECEIVED</u>
<u>A) NAME</u>	<u>CITY/STATE</u>	<u>FROM</u>	<u>TO</u>	<input type="checkbox"/> <u>DEGREE</u>
	<u>MAJOR</u>	<u># OF CREDITS COMPLETED</u>		<input type="checkbox"/> <u>DIPLOMA</u>
				<input type="checkbox"/> <u>CERTIFICATE</u>
<u>B) NAME</u>	<u>CITY/STATE</u>	<u>FROM</u>	<u>TO</u>	<input type="checkbox"/> <u>DEGREE</u>
	<u>MAJOR</u>	<u># OF CREDITS COMPLETED</u>		<input type="checkbox"/> <u>DIPLOMA</u>
				<input type="checkbox"/> <u>CERTIFICATE</u>
<u>C) NAME</u>	<u>CITY/STATE</u>	<u>FROM</u>	<u>TO</u>	<input type="checkbox"/> <u>DEGREE</u>
	<u>MAJOR</u>	<u># OF CREDITS COMPLETED</u>		<input type="checkbox"/> <u>DIPLOMA</u>
				<input type="checkbox"/> <u>CERTIFICATE</u>
<u>D) NAME</u>	<u>CITY/STATE</u>	<u>FROM</u>	<u>TO</u>	<input type="checkbox"/> <u>DEGREE</u>
	<u>MAJOR</u>	<u># OF CREDITS COMPLETED</u>		<input type="checkbox"/> <u>DIPLOMA</u>
				<input type="checkbox"/> <u>CERTIFICATE</u>
<u>E) NAME</u>	<u>CITY/STATE</u>	<u>FROM</u>	<u>TO</u>	<input type="checkbox"/> <u>DEGREE</u>
				<input type="checkbox"/> <u>DIPLOMA</u>
				<input type="checkbox"/> <u>CERTIFICATE</u>



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Section 2: Education, continued

6. LIST EQUIVALENCY COURSES, CERTIFICATIONS, ETC. CERTIFIED BY THE RHODE ISLAND DEPARTMENT OF EDUCATION.
A COPY MUST ACCOMPANY THIS APPLICATION.

SECTION 3: MISCELLANEOUS

1. PHYSICAL DESCRIPTION

HEIGHT

WEIGHT

2. BLOOD TYPE (mandatory)

3. NAME OF FAMILY DOCTOR

LAST

FIRST

4. DOCTOR CONTACT NUMBER

() -

5. DO YOU HAVE ALLERGIC REACTIONS THAT MAY OCCUR DURING PHYSICAL ACTIVITY? ☐ YES ☐ NO

IF YES, LIST THE ALLERGIES:

6. ARE YOU TAKING ANY MEDICATIONS? ☐ YES ☐ NO

IF YES, LIST THE MEDICATIONS

7. ARE YOU A RESIDENT OF RHODE ISLAND?

☐ YES ☐ NO

8. IF YES, HOW LONG?

9. DRIVER'S LICENSE DATE

STATE ISSUED

DRIVER'S LICENSE NUMBER

10. CAN YOU SWIM?

☐ YES ☐ NO

11. HAVE YOU HAD FIREARMS TRAINING?

☐ YES ☐ NO

12. CPR TRAINING?

☐ YES ☐ NO

13. DO YOU HAVE SPECIALIZED MEDICAL TRAINING?

☐ YES ☐ NO

IF YES, LIST MEDICAL CERTIFICATIONS BELOW



HEALTH INSURANCE INFORMATION

INSURANCE PLAN NAME: _____
GROUP/POLICY NUMBER: _____
EXPIRATION DATE: _____
POLICY HOLDER'S NAME: _____
POLICY HOLDER'S EMPLOYER: _____
RELATIONSHIP: _____

Please Note: Applicant must provide proof of health insurance prior to enrollment in the Rhode Island Policy Academy

SECTION 4: MILITARY SERVICE

NOTE: PLEASE ATTACH A COPY OF DD214

<u>A). BRANCH OF SERVICE</u>	<u>DATES OF ENLISTMENT/DISCHARGE</u> FROM _____ TO _____	<u>PROMOTIONS DATE/RANK</u>
<u>RANK AT TIME OF DISCHARGE</u>	<u>REASON FOR DISCHARGE</u>	<u>TYPE OF DISCHARGE</u>
<u>B). BRANCH OF SERVICE</u>	<u>DATES OF ENLISTMENT/DISCHARGE</u> FROM _____ TO _____	<u>PROMOTIONS DATE/RANK</u>
<u>RANK AT TIME OF DISCHARGE</u>	<u>REASON FOR DISCHARGE</u>	<u>TYPE OF DISCHARGE</u>
<u>C). BRANCH OF SERVICE</u>	<u>DATES OF ENLISTMENT/DISCHARGE</u> FROM _____ TO _____	<u>PROMOTIONS DATE/RANK</u>
<u>RANK AT TIME OF DISCHARGE</u>	<u>REASON FOR DISCHARGE</u>	<u>TYPE OF DISCHARGE</u>

SECTION 5: WORK EXPERIENCE

LIST EMPLOYMENT HISTORY FOR LAST FIVE YEARS

<u>A). FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>PHONE</u> () -	<u>POSITION HELD</u>
<u>CHOOSE A CATEGORY</u>		<u>STREET ADDRESS</u>		<u>REASON FOR LEAVING</u>
<input type="checkbox"/> <u>FULLTIME</u>	<input type="checkbox"/> <u>PART TIME</u>	<u>CITY</u>	<u>STATE</u> <u>ZIP</u>	
<input type="checkbox"/> <u>TEMP</u>	<input type="checkbox"/> <u>VOLUNTEER</u>			
<u>B). FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>PHONE</u> () -	<u>POSITION HELD</u>
<u>CHOOSE A CATEGORY</u>		<u>STREET ADDRESS</u>		<u>REASON FOR LEAVING</u>
<input type="checkbox"/> <u>FULLTIME</u>	<input type="checkbox"/> <u>PART TIME</u>	<u>CITY</u>	<u>STATE</u> <u>ZIP</u>	
<input type="checkbox"/> <u>TEMP</u>	<input type="checkbox"/> <u>VOLUNTEER</u>			



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Section 5: Work Experience, continued

<u>C). FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>PHONE</u> () -	<u>POSITION HELD</u>
<u>CHOOSE A CATEGORY</u>		<u>STREET ADDRESS</u>		<u>REASON FOR LEAVING</u>
<input type="checkbox"/> <u>FULLTIME</u>	<input type="checkbox"/> <u>PART TIME</u>	<u>CITY</u>	<u>STATE</u> <u>ZIP</u>	
<input type="checkbox"/> <u>TEMP</u>	<input type="checkbox"/> <u>VOLUNTEER</u>			
<u>D). FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>PHONE</u> () -	<u>POSITION HELD</u>
<u>CHOOSE A CATEGORY</u>		<u>STREET ADDRESS</u>		<u>REASON FOR LEAVING</u>
<input type="checkbox"/> <u>FULLTIME</u>	<input type="checkbox"/> <u>PART TIME</u>	<u>CITY</u>	<u>STATE</u> <u>ZIP</u>	
<input type="checkbox"/> <u>TEMP</u>	<input type="checkbox"/> <u>VOLUNTEER</u>			
<u>E). FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>PHONE</u> () -	<u>POSITION HELD</u>
<u>CHOOSE A CATEGORY</u>		<u>STREET ADDRESS</u>		<u>REASON FOR LEAVING</u>
<input type="checkbox"/> <u>FULLTIME</u>	<input type="checkbox"/> <u>PART TIME</u>	<u>CITY</u>	<u>STATE</u> <u>ZIP</u>	
<input type="checkbox"/> <u>TEMP</u>	<input type="checkbox"/> <u>VOLUNTEER</u>			
<u>F). FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>PHONE</u> () -	<u>POSITION HELD</u>
<u>CHOOSE A CATEGORY</u>		<u>STREET ADDRESS</u>		<u>REASON FOR LEAVING</u>
<input type="checkbox"/> <u>FULLTIME</u>	<input type="checkbox"/> <u>PART TIME</u>	<u>CITY</u>	<u>STATE</u> <u>ZIP</u>	
<input type="checkbox"/> <u>TEMP</u>	<input type="checkbox"/> <u>VOLUNTEER</u>			
<u>G). FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>PHONE</u> () -	<u>POSITION HELD</u>
<u>CHOOSE A CATEGORY</u>		<u>STREET ADDRESS</u>		<u>REASON FOR LEAVING</u>
<input type="checkbox"/> <u>FULLTIME</u>	<input type="checkbox"/> <u>PART TIME</u>	<u>CITY</u>	<u>STATE</u> <u>ZIP</u>	
<input type="checkbox"/> <u>TEMP</u>	<input type="checkbox"/> <u>VOLUNTEER</u>			
<u>H). FROM</u>	<u>TO</u>	<u>EMPLOYER</u>	<u>PHONE</u> () -	<u>POSITION HELD</u>
<u>CHOOSE A CATEGORY</u>		<u>STREET ADDRESS</u>		<u>REASON FOR LEAVING</u>
<input type="checkbox"/> <u>FULLTIME</u>	<input type="checkbox"/> <u>PART TIME</u>	<u>CITY</u>	<u>STATE</u> <u>ZIP</u>	
<input type="checkbox"/> <u>TEMP</u>	<input type="checkbox"/> <u>VOLUNTEER</u>			



SECTION 6: CRIMINAL HISTORY

IF YOU HAVE EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) OR HAD AN ARREST/CRIMINAL RECORD EXPUNGED BY A COURT OR BEEN CITED FOR A MOTOR VEHICLE VIOLATION, YOU MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION, AND NATURE OF THE FELONY OR MISDEMEANOR ARREST AND/OR CONVICTION OR MOTOR VEHICLE VIOLATION.

IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF ARREST AND/OR CONVICTION OR MOTOR VEHICLE VIOLATION. (PLEASE NOTE: ARREST AND/OR CONVICTION IS NOT AN AUTOMATIC DISQUALIFICATION FOR EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY.)

WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION OR DISMISSAL FROM THE RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY.

1. HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY CRIMINAL OFFENSE OR MOTOR VEHICLE VIOLATION?

☐ YES ☐ NO IF YES, PROVIDE THE FOLLOWING DATA

ARRESTS / CONVICTIONS / MOTOR VEHICLE VIOLATIONS (Attach a separate sheet with additional information, if necessary)

<u>A) APPROX DATE</u>	<u>LOCATION</u>
<u>OFFENSE</u>	<u>DISPOSITION</u>
<u>B) APPROX DATE</u>	<u>LOCATION</u>
<u>OFFENSE</u>	<u>DISPOSITION</u>
<u>C) APPROX DATE</u>	<u>LOCATION</u>
<u>OFFENSE</u>	<u>DISPOSITION</u>
<u>D) APPROX DATE</u>	<u>LOCATION</u>
<u>OFFENSE</u>	<u>DISPOSITION</u>

2. HAVE YOU EVER HAD AN ARREST EXPUNGED OR A MOTOR VEHICLE VIOLATION DISMISSED UNDER THE GOOD DRIVING RULE?

☐ YES ☐ NO IF YES, LIST DATE(S) AND NATURE OF OFFENSE(S):



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SECTION 7: TO BE COMPLETED AND SIGNED BY THE CHIEF OF POLICE OR APPOINTING AUTHORITY

To: Police Officer's Commission on Standards and Training

The application of _____ for enrollment in the Rhode Island Municipal Police Training Academy with the agreement by him/her to abide by the rules and regulations established for the conduct of Rhode Island Municipal Police Training Academy trainees is hereby forwarded with my approval. I further certify that I have reviewed the above information, find that the information is correct and acceptable and the applicant has prospects of an appointment to the _____ Police Department within the reasonable future, is, or has been a member of the _____ Police Department, and all parties agree that the applicant, while attending the Rhode Island Municipal Police Training Academy, for all intent and purposes is a member of that department.

<u>SIGNATURE</u>	<u>TITLE</u>	<u>DATE</u>

SECTION 8: THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT

I understand that in order for my application to be considered, the Affirmation below must be completed.

I hereby agree that if this application is accepted and I am enrolled in the Rhode Island Municipal Police Training Academy, I will abide by the rules and regulations established for the conduct of Rhode Island Municipal Police Training Academy trainees, and I am aware that any violation thereof may be cause for my dismissal from the Rhode Island Municipal Police Training Academy. It is further understood that the undersigned participates in this training at his/her own risk and that the State of Rhode Island and/or the POST Commission members or instructors shall not be responsible for any injury, or loss, or damage which the undersigned may suffer while he is attending the Rhode Island Municipal Police Training Academy.

It is the intention of both the Indemnitor (recruit) and the Indemnatee (Academy), its officers, agents, and employees shall not be held liable or in any way responsible for damage, loss, or expense resulting to the Indemnitor due to any accident, mishap, or injury while attending the Rhode Island Municipal Police Training Academy.

If so, Indemnitor waives all rights to make claims or file suit against the Indemnatee for, and relieves the Indemnatee from all liability or responsibility of any kind arising from any accident, mishap or injury.

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be enrolled at the time of such investigation and disclosure, my attendance at the Rhode Island Municipal Police Training Academy may be immediately terminated.

<u>SIGNATURE OF APPLICANT</u>	<u>CITY/TOWN</u>	<u>DATE</u>

NOTARY PUBLIC:

SECTION A-2

MEDICAL HISTORY STATEMENT



This information is for official use only and will not be released to unauthorized persons.

INSTRUCTIONS

To be completed by applicant for admissions to the Rhode Island Municipal Police Training Academy prior to the physical examination and presented to the examining physician at the time of examination. All questions must be answered completely and accurately. The original or a copy must be retained in personnel file by the appointing agency.

SECTION 1: CANDIDATE IDENTIFICATION

DATE

NAME (Last, First, Middle)

BIRTHDATE (MM/DD/YYYY)

ADDRESS

CITY

STATE

ZIP

PHONE NUMBERS WHERE YOU CAN BE REACHED

SOCIAL SECURITY NUMBER

DAY () - EXT

EVENING () - EXT

SECTION 2: CURRENT MEDICATIONS

PRESCRIPTION MEDICATIONS: (INCLUDE PAIN RELIEVERS, BIRTH CONTROL PILLS, ETC.)

OVER THE COUNTER MEDICATIONS: (INCLUDE ALL COLD ALLERGY, HEADACHE, VITAMINS, ETC.)

SECTION 3: ALLERGIES

DRUG ALLERGIES: (INCLUDE YOUR REACTION TO THE MEDICATION)

ALL OTHER ALLERGIES: FOOD, INSECTS, SEASONS, ANIMALS, MATERIALS, ETC (INCLUDE REACTION)

SECTION 4: FAMILY HISTORY

Have any of your parents, brothers, or sisters suffered from: (check all that apply)

Y N ?

☐ ☐ ☐ 1. Diabetes?

☐ ☐ ☐ 2. Heart problems?

☐ ☐ ☐ 3. High blood pressure?

☐ ☐ ☐ 4. Arthritis?

☐ ☐ ☐ 5. Neurological or psychological problems? (seizures, depression, schizophrenia, etc.)



SECTION 5: PAST MEDICAL HISTORY

LIST ALL HOSPITALIZATIONS AND OPERATIONS SINCE CHILDHOOD: (INCLUDE TYPE OF SURGERY, DATE OF SURGERY, ANY COMPLICATIONS OR OTHER SIGNIFICANT INFORMATION)

Have you EVER, in your life, had any of the following types of medical problems? (check all that apply to you)

Y N ?

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. CANCER: any type of cancer including skin cancer, breast cancer, and leukemia? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. MAJOR INFECTIONS DISEASE: such as tuberculosis, hepatitis, HIV/AIDS, Rheumatic fever and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. NEUROLOGICAL PROBLEMS: such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. PSYCHOLOGICAL PROBLEMS: such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. EYE PROBLEMS: such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. EAR PROBLEMS: such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. NOSE PROBLEMS: such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. MOUTH OR THROAT PROBLEMS: such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. LUNG PROBLEMS: such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. HEART AND CIRCULATION PROBLEMS: such as heart murmur, heart disease, heart attack, irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. DIGESTIVE SYSTEM PROBLEMS: such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. HORMONE OR ENDOCRINE PROBLEMS: such as diabetes, thyroid disease, parathyroid or adrenal problems or others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. URINARY TRACT PROBLEMS: such as kidney stones, pyelonephritis (kidney infection), nephrositis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. HERNIA: such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. MUSCLE, BONE AND JOINT PROBLEMS: such as chronic back or neck pain, fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, loss of a finger or toe or others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. BLOOD SYSTEM PROBLEMS: such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others? |

MALES ONLY:

Y N ?

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Prostate problems such as enlargement or prostatitis? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Genital problems such as epididymitis or testicular injury? |

FEMALES ONLY:

Y N ?

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Currently pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problems with your menstrual cycle? |

SECTION 6: IMMUNIZATIONS

Y N ?

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have you ever had a positive TB test? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Have you received Hepatitis B vaccinations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. When did you receive your last tetanus (lockjaw) immunization? |

**SECTION 7: OCCUPATIONAL HISTORY**

Have you ever been exposed to any of the following, whether at home, work or military or any other setting?

Y N ?

- ☐ ☐ ☐ 24. Repetitive Loud Noises (including guns, jet engines, loud machinery)?
- ☐ ☐ ☐ 25. Chemical exposure to skin or lungs?
- ☐ ☐ ☐ 26. Dusty conditions (sandblasting, grinding, mining or drilling or rock, coal, silica or asbestos)?

Check all that apply

- ☐ ☐ ☐ 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- ☐ ☐ ☐ 28. Have you ever had a motor vehicle accident causing back or neck pain?
- ☐ ☐ ☐ 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- ☐ ☐ ☐ 30. Do you have any missing limbs or non-functional joints?
- ☐ ☐ ☐ 31. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- ☐ ☐ ☐ 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- ☐ ☐ ☐ 33. Have you ever worked in law enforcement?
- ☐ ☐ ☐ 33a. If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- ☐ ☐ ☐ 34. Have you ever served in any of the armed forces?
- ☐ ☐ ☐ 34a. If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- ☐ ☐ ☐ 35. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- ☐ ☐ ☐ 36. Do you have any difficulty driving at high speeds in a motorized vehicle?
- ☐ ☐ ☐ 37. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- ☐ ☐ ☐ 38. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- ☐ ☐ ☐ 38. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- ☐ ☐ ☐ 40. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- ☐ ☐ ☐ 41. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

EXPLANATION OF ANY YES ANSWERS: (IDENTIFY BY NUMBER)

May use additional sheets of paper, write name, SS#, sign and date.



State of Rhode Island

MEDICAL HISTORY STATEMENT

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SECTION 8: PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer.

SECTION 9: CERTIFICATION

I hereby certify that there are no willful misrepresentations, omission or falsification in the foregoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT (INK)

DATE SIGNED

PHYSICIAN REVIEW:

SIGNATURE OF PHYSICIAN (INK)

DATE REVIEWED

PRINTED NAME AND ADDRESS OF PHYSICIAN COMPLETING REVIEW:



State of Rhode Island

MEDICAL HISTORY STATEMENT

Rhode Island Department of Public Safety
Municipal Police Training Academy
1762 Louisquisset Pike
Lincoln, RI 02865

This information is for official use only and will not be released to unauthorized persons.

INSTRUCTIONS

To be completed by applicant for admission to the Rhode Island Municipal Police Training Academy prior to the physical examination and presented to the examining physician at the time of examination. All questions must be answered completely and accurately. The original or a copy must be retained in personnel filed by the appointing agency.

SECTION 1: CANDIDATE IDENTIFICATION

DATE

NAME (Last, First, Middle)		BIRTHDATE (MM/DD/YYYY)	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBERS WHERE YOU CAN BE REACHED		SOCIAL SECURITY NUMBER	
DAY () - EXT	EVENING () -	- -	

SECTION 2: CURRENT MEDICATIONS

PRESCRIPTION MEDICATIONS: (INCLUDE PAIN RELIEVERS, BIRTH CONTROL PILLS, ETC.)

OVER THE COUNTER MEDICATIONS: (INCLUDE ALL COLD ALLERGY, HEADACHE, VITAMINS, ETC.)

SECTION 3: ALLERGIES

DRUG ALLERGIES: (INCLUDE YOUR REACTION TO THE MEDICATION)

ALL OTHER ALLERGIES: FOOD, INSECTS, SEASONS, ANIMALS, MATERIALS, ETC (INCLUDE REACTION)

SECTION 4: PAST MEDICAL HISTORY

LIST ALL HOSPITALIZATIONS AND OPERATIONS SINCE CHILDHOOD: (INCLUDE TYPE OF SURGERY, DATE OF SURGERY, ANY COMPLICATIONS OR OTHER SIGNIFICANT INFORMATION) May use additional sheets of paper, write name, SS#, sign and date.

Have you EVER, in your life, had any of the following types of medical problems? (check all that apply to you)

Y N ?

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. <u>CANCER: any type of cancer including skin cancer, breast cancer, and leukemia?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. <u>MAJOR INFECTIONS DISEASE: such as tuberculosis, hepatitis, HIV/AIDS, Rheumatic fever and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. <u>NEUROLOGICAL PROBLEMS: such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. <u>PSYCHOLOGICAL PROBLEMS: such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. <u>EYE PROBLEMS: such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. <u>EAR PROBLEMS: such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. <u>NOSE PROBLEMS: such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections, and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. <u>MOUTH OR THROAT PROBLEMS: such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. <u>LUNG PROBLEMS: such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. <u>HEART AND CIRCULATION PROBLEMS: such as heart murmur, heart disease, heart attack, irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. <u>DIGESTIVE SYSTEM PROBLEMS: such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. <u>HORMONE OR ENDOCRINE PROBLEMS: such as diabetes, thyroid disease, parathyroid or adrenal problems or others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. <u>URINARY TRACT PROBLEMS: such as kidney stones, pyelonephritis (kidney infection), nephrosil, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. <u>HERNIA: such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. <u>MUSCLE, BONE AND JOINT PROBLEMS: such as chronic back or neck pain, fibromyalgia, back or neck disc disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, loss of a finger or toe or others?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. <u>BLOOD SYSTEM PROBLEMS: such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?</u> |

MALES ONLY:

Y N ?

☐ ☐ ☐ 17. Prostate problems such as enlargement or prostatitis?

☐ ☐ ☐ 18. Genital problems such as epididymitis or testicular injury?

FEMALES ONLY:

Y N ?

☐ ☐ ☐ 19. Currently pregnant?

☐ ☐ ☐ 20. History of endometriosis, pelvic inflammatory disease, abnormal PAP smear, PMS or other problems with your menstrual cycle?

SECTION 5: IMMUNIZATIONS

Y N ?

☐ ☐ ☐ 21. Have you ever had a positive TB test?

☐ ☐ ☐ 22. Have you ever received Hepatitis B vaccinations?

☐ ☐ ☐ 23. When did you receive your last tetanus (lockjaw) immunization?

SECTION 6: OCCUPATIONAL HISTORY

Y N ?

☐ ☐ ☐ 24. Repetitive Loud Noises (including guns, jet engines, loud machinery)?

☐ ☐ ☐ 25. Chemical exposure to skin or lungs?

☐ ☐ ☐ 26. Dusty conditions (sandblasting, grinding, mining or drilling or rock, coal, silica or asbestos)?

Check all that apply

Y N ?

☐ ☐ ☐ 27. Have you every sustained an injury while at work that necessitated extended care by a health care provider?

☐ ☐ ☐ 28. Have you every had a motor vehicle accident causing back or neck pain?

☐ ☐ ☐ 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?

☐ ☐ ☐ 30. Do you have any missing limbs or non-functional joints?

☐ ☐ ☐ 31. Have you ever been advised by a physician to avoid lifting above a certain weight limit?

☐ ☐ ☐ 32. Have you every been advised by a physician to avoid sitting or standing over a certain time?

☐ ☐ ☐ 33. Have you ever worked in law enforcement?

☐ ☐ ☐ 33a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?

Y N ?

☐ ☐ ☐

34. Have you ever served in any of the armed forces?

☐ ☐ ☐

34a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?

☐ ☐ ☐

35. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?

☐ ☐ ☐

36. Do you have any difficulty driving at high speeds in a motorized vehicle?

☐ ☐ ☐

37. Have you ever had an automobile accident while driving over sixty (60) miles per hour?

☐ ☐ ☐

38. Have you ever had any automobile accidents as a result of losing control of your vehicle?

☐ ☐ ☐

39. Do you have any difficulty driving for three (3) consecutive hours without stopping?

☐ ☐ ☐

40. Do you have any difficulty running for five (5) consecutive minutes without stopping?

☐ ☐ ☐

41. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

EXPLANATION OF ANY YES ANSWERS: (IDENTIFY BY NUMBER)

All "YES" answers MUST be explained. You may use additional sheets of paper, write name, SS#, sign and date.

SECTION 7: PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer.

SECTION 8: CERTIFICATION

I hereby certify that there are no willful misrepresentations, omission or falsification in the foregoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT (INK)

DATE SIGNED

PHYSICIAN REVIEW:

SIGNATURE OF PHYSICIAN (INK)

DATE REVIEWED

PRINTED NAME AND ADDRESS OF PHYSICIAN COMPLETING REVIEW:

SECTION A-3

MEDICAL EXAMINATION REPORT



This information is for official use only and will not be released to unauthorized persons.

INSTRUCTIONS

To be completed by either a Physician/Physician's Assistant/Nurse Practitioner or Surgeon licensed to practice medicine in Rhode Island or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulation of the U.S. Armed Forces following an actual physical examination. The original or a copy of this report must be retained in personnel file by the appointing agency and the Rhode Island Municipal Police Training Academy.

TO BE COMPLETED BY LICENSED EXAMINING PHYSICIAN

NAME (Last, First, Middle)

DATE

DATE OF BIRTH

HEIGHT (without shoes)

FT

INCHES

WEIGHT (without shoes and coat)

LBS

☐ WELL NOURISHED

☐ OBESE

☐ MUSCULAR

Part A: Vision Results

Visual Acuity: If applicant wears glasses or contacts, test and record acuity with and without glasses.

	R-20/	L-20/	Both-20/
Without glasses			
With glasses			

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
EYES			
Depth Perception	<input type="checkbox"/>	<input type="checkbox"/>	
Color Perception	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Vision	<input type="checkbox"/>	<input type="checkbox"/>	

Part B: Hearing Results

Hearing Acuity: ☐ Audiogram - or - ☐ 15' whispered conversation (check one)

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
HEARING			
Right ear	<input type="checkbox"/>	<input type="checkbox"/>	
Left ear	<input type="checkbox"/>	<input type="checkbox"/>	

Part C: Cardiovascular Results

Blood Pressure:

Resting Pulse:

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
CARDIOVASCULAR			
Cardiac Examination	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Circulation	<input type="checkbox"/>	<input type="checkbox"/>	
ECG (indicated by hx or exam)	<input type="checkbox"/>	<input type="checkbox"/>	

Part D: Miscellaneous Details

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
NORMAL			
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	

TB Skin Test: ☐ Negative ☐ Positive

Blood Type:

Are there any conditions, physical, emotional or mental, which in your opinion suggest further examination?

☐ No ☐ Yes

Do you have any reservation about this candidate's ability to physically perform required duties?

☐ No ☐ Yes



State of Rhode Island
MEDICAL EXAMINATION REPORT
Page 2 of 2

SUMMARY OF FINDINGS

SIGNATURE OF PHYSICIAN

DATE

NAME AND ADDRESS OF PHYSICIAN (Please Type)



State of Rhode Island

MEDICAL EXAMINATION REPORT

Rhode Island Department of Public Safety
Municipal Police Training Academy
1762 Louisquisset Pike
Lincoln, RI 02865

This information is for official use only and will not be released to unauthorized persons.

INSTRUCTIONS

To be completed by either a Physician/Physician's Assistant/Nurse Practitioner or Surgeon licensed to practice medicine in Rhode Island or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical examination. The original or a copy must be retained in personnel filed by the appointing agency and the Municipal Police Training Academy.

TO BE COMPLETED BY LICENSED EXAMINING PHYSICIAN

NAME (Last, First, Middle)

DATE:

BIRTHDATE	HEIGHT (without shoes)	FT.	INCHES	WEIGHT (without shoes and coat):	LBS.	WELL NOURISHED	OBESE	MUSCULAR
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part A: Vision Results

Visual Acuity: If applicant wears glasses or contacts, test and record acuity with and without glasses.

	R-20/	L-20/	Both-20/
Without glasses			
With glasses:			

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
EYES	<input type="checkbox"/>	<input type="checkbox"/>	
Depth Perception	<input type="checkbox"/>	<input type="checkbox"/>	
Color Perception	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Vision	<input type="checkbox"/>	<input type="checkbox"/>	

Part B: Hearing Results

Hearing Acuity: ☐ Audiogram – or ☐ 15' whispered conversation (check one)

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL LIST
HEARING			
Right Ear	<input type="checkbox"/>	<input type="checkbox"/>	
Left ear	<input type="checkbox"/>	<input type="checkbox"/>	

Part C: Cardiovascular Results

Blood Pressure:

Resting Pulse:

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL LIST
CARDIOVASCULAR			
Cardiac Examination	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Circulation	<input type="checkbox"/>	<input type="checkbox"/>	
ECG (indicated by hx or exam)	<input type="checkbox"/>	<input type="checkbox"/>	

Part D: Miscellaneous Results

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
<u>NORMAL</u>			
<u>Heart</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Lungs</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Abdomen:</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Musculoskeletal</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Genitourinary</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Neurological</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Skin</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Urinalysis</u>	<input type="checkbox"/>	<input type="checkbox"/>	

TB Skin Test: ☐ Negative ☐ Positive Blood Type: _____

Are there any conditions, physical, emotional or mental, which in your opinion suggest further examination? ☐ No ☐ Yes

Do you have any reservation about this candidate's ability to physically perform required duties? ☐ No ☐ Yes

SUMMARY OF FINDINGS

SIGNATURE OF PHYSICIAN _____ DATE _____

NAME AND ADDRESS OF PHYSICIAN (Please type)

SECTION A-4

RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY PHYSICAL FITNESS STANDARDS **BOOKLET**

*Rhode Island
Municipal Police Academy
Physical Fitness Standards
Booklet*



Chief Anthony J. Silva
Executive Director
Rhode Island Municipal Police Academy

Colonel Stephen M. McCartney
Chairperson
Rhode Island Police Officer's
Commission on Standards and Training

*Rhode Island Police Officer's
Commission on Standards and Training*

COMMISSION MEMBERS:

Colonel Stephen M. McCartney, Chairperson
Chief George L. Kelley III, Vice Chairperson
Major Kenneth J. Marandola, Sr.
Chief Anthony Pesare
Mr. Robert Driscoll

LEGAL COUNSEL:

Mr. Richard B. Woolley, Esq.
Department of the Attorney General
Ms. Lisa S. Holley, Esq.
Department of Public Safety

*Rhode Island
Municipal Training Academy*

STAFF MEMBERS:

Chief Anthony J. Silva, Executive Director
Captain David A. Ricciarelli,
Assistant Director of Operations
Captain David DelBonis,
Basic Training Officer
Mrs. Donna M. Lavallee,
Administrative Assistant

Preface



The Rhode Island Police Officer's Commission on Standards and Training recognizes the value of physical fitness for police academy performance, and has established physical fitness entrance and exit standards for successful admittance and graduation from the academy.

A physical fitness test will be administered to all academy candidates to determine if each recruit officer meets the minimum entrance standards. These fitness entrance requirements help to ensure that each recruit officer can undertake the physical demands of the academy without undo risk of injury and with a likelihood of success. Applicants who do not meet all of the standards will be disqualified from entering the academy.

This brochure has been prepared to provide information to police administrators and recruit applicants on the rationale, purpose, testing procedures, and performance requirements of the fitness standards. Questions about these standards should be directed to the Rhode Island Municipal Police Academy.

*Chief Anthony J. Silva
Executive Director*

The Importance of Fitness as A Job-Related Component for Law Enforcement Officers

Physical fitness is a multi-dimensional human condition that encompasses the following three areas:

Community Fitness: For all of us physical fitness relates to our ability to pursue a variety of human activities. The overall quality of our lives, including our work experience, recreational pursuits, and daily physical activities, relate to our muscular endurance, aerobic capacity, anaerobic power, dynamic strength and flexibility.

Recruit Fitness: For a new police recruit, physical fitness provides the underlying physiological ability to participate in vigorous physical activity. This vigorous and dynamic participation is critical to the instruction necessary to master the physical skills required of a police officer. It is also critically important that individuals involved in the police recruit training program possess a reasonable level of fitness such that they are exposed to minimal physical risk during the training process.

Police Fitness: The job functions of a police officer, as defined by a job task analysis, are uniquely diverse and usually performed under the most adverse psychological and environmentally severe conditions. To a police officer, physical fitness relates to the development and, perhaps most importantly, the maintenance of the physiological readiness to perform critical job functions. A police officer's physical fitness may mean the difference between success and failure in regards to a critical job function. Their safety and the safety of the community they have sworn to protect and serve may depend on their physical abilities.

Physical Fitness Will Be Measured By:

The physical fitness test battery consists of the five (5) following basic tests:

1. 300 Meter Run
2. Sit and Reach Test
3. 1-Minute Sit-up Test
4. 1 Repetition Maximum Bench Press
5. 1.5 Mile Run

Applicants must pass all of the above tests.

The actual performance standard for each test is based on norms for a national population sample.

The performance entrance requirement is based on the 40th percentile, and the graduation requirement is based on the 50th percentile for each age and gender group.

Please refer to the tables included within this booklet to determine the applicable minimum qualification by age and gender.

Minimum Physical Fitness Entrance Standards

Assessment Battery	MALE				
	Age <20	Age 20-29	Age 30-39	Age 40-49	Age 50-59
300 Meter Run	59.0	59.0	58.9	72.0	83.2
Sit & Reach	16.5	16.5	15.5	14.3	13.3
1 Minute Sit-up	41.0	38.0	35.0	29.0	24.0
Max. Bench Press Ratio	1.06	.99	.88	.80	.71
1.5 Mile Run	12:29	12:29	12:53	13:50	15:14

Assessment Battery	FEMALE				
	Age <20	Age 20-29	Age 30-39	Age 40-49	Age 50-59
300 Meter Run	71.0	71.0	79.0	94.0	N/A
Sit & Reach	20.5	19.3	18.3	17.3	16.8
1 Minute Sit-up	32.0	32.0	25.0	20.0	14.0
Max. Bench Press Ratio	.58	.59	.53	.50	.44
1.5 Mile Run	15:05	15:05	15:56	17:11	19:10

Minimum Physical Fitness Graduation Standards

Physical Fitness Abilities Assessment

The physical abilities course is comprised of two stages. The minimum success standard for state 1 and 2 of this course, for both male and females recruit officers, in is the following table:

Stage 1	3:02 (min/sec)
Stage 2	1:19 (min/sec)

In addition to the above, recruit officers must also meet the minimum standards of the following two assessment tests:

Assessment Battery	MALE			
	Age <20	Age 20-29	Age 30-39	Age 40-49
300 Meter Run	56.0	56.0	57.0	67.6
1.5 Mile Run	11:58	11:58	12:25	13:05
				14:33

Assessment Battery	FEMALE			
	Age <20	Age 20-29	Age 30-39	Age 40-49
300 Meter Run	64.0	64.0	74.0	86.0
1.5 Mile Run	14:15	14:15	15:14	16:13
				18:05

Effective January 1, 2013

Physical Fitness Assessment
40th Percentile

1 Minute Push-Up

	<u>Age<20</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>
<u>Male</u>	<u>29.0</u>	<u>29.0</u>	<u>24.0</u>	<u>18.0</u>	<u>13.0</u>
<u>Female</u>	<u>15.0</u>	<u>15.0</u>	<u>11.0</u>	<u>9.0</u>	<u>n/d</u>

1.5 Mile Run-Aerobic Power

	<u>Age<20</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>
<u>Male</u>	<u>12:38</u>	<u>12:38</u>	<u>12:58</u>	<u>13:50</u>	<u>15:06</u>
<u>Female</u>	<u>14:50</u>	<u>14:50</u>	<u>15:43</u>	<u>16:31</u>	<u>18:18</u>

1 Minute Sit-up test

	<u>Age<20</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>
<u>Male</u>	<u>41.0</u>	<u>38.0</u>	<u>35.0</u>	<u>29.0</u>	<u>24.0</u>
<u>Female</u>	<u>32.0</u>	<u>32.0</u>	<u>25.0</u>	<u>20.0</u>	<u>14.0</u>

300 Meter Run

	<u>Age<20</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>
<u>Male</u>	<u>59.0</u>	<u>59.0</u>	<u>58.9</u>	<u>72.0</u>	<u>83.2</u>
<u>Female</u>	<u>71.0</u>	<u>71.0</u>	<u>79.0</u>	<u>94.0</u>	<u>n/d</u>

SECTION A-5

LIABILITY WAIVER FORM



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY Municipal Police Training Academy

*Community College of Rhode Island — Flanagan Campus
1762 Louisquisset Pike, Lincoln, RI 02865-4585
Telephone: (401) 722-5808 — Fax: (401) 722-3151*



Colonel **Brendan P. Doherty** Steven G. O'Donnell
Commissioner, Department of Public Safety
Superintendent, Rhode Island State Police

Chief **Anthony J. Silva** Sergeant Scott N. Raynes
Executive Director
Municipal Police Training Academy

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

In consideration of participation in the Rhode Island Municipal Police Academy, I understand and agree to the following:

- 1.) The Candidate understands and recognizes that law Enforcement and police training involves a degree of physical exercise and physical contact, certain inherent risks and dangers, which could result in physical and emotional injury, disability or death.
- 2.) The Candidate warrants, represents and certifies that he/she is mentally and physically capable of participating in the Municipal Police Training Academy, has sufficiently prepared or trained for participation, and has not been advised to not participate by a qualified medical professional. The Candidate warrants, represents and certifies that he/she does not suffer from a chronic/acute problem of the neck, back, wrist, knee, heart or muscular system, or another medical condition which could otherwise be made worse by participation in the Rhode Island Municipal Police Training Academy.
- 3.) The Candidate consents to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during the training.
- 4.) The Candidate hereby waives all claims, releases, indemnifies and holds harmless the State of Rhode Island and all its officials, officers, agents and employees in both their public and private capacities, from any and all liability, claims, suits, demands, expenses of litigation, or causes of action which may arise by reason of injury to persons or loss of, damage to or loss of use of any property occasioned by error, omission, or negligent act of the Candidate or any other persons with regard to this Agreement.
- 5.) The Candidate hereby agrees to indemnify, defend and hold harmless the State of Rhode Island and all its officials, officers, agents and employees in both their public and private capacities, from and against any and all claims, losses, damages, causes of action, suits, and liability of any kind, including all expenses of litigation, including but not limited to court costs and attorney fees for death or injury, or loss of, damage to, or loss of use of any property arising out of or in connection with this Agreement, except for gross negligence or unlawful conduct as determined by a Court of Law.
- 6.) The Candidate intends that this Agreement shall be effective and binding upon his/her heirs, next of kin executors, administrators and assigns in the event of my death.

I, the undersigned, have carefully read this Agreement in its entirety and fully understand all its terms. I am aware that the agreement contains a waiver of liability, an assumption of risk, and an agreement by me to release and indemnify the State of Rhode Island. I execute it voluntarily and with full knowledge of its significance.

In witness whereof I have executed this release on _____ in the State of Rhode Island.

Signature

WITNESSES:

SECTION A-6

**PHYSICAL PERFORMANCE ASSESSMENT (PPA)
LIABILITY FORM**



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

Municipal Police Training Academy

*Community College of Rhode Island — Flanagan Campus
1762 Louisquisset Pike, Lincoln, RI 02865-4585
Telephone: (401) 722-5808 — Fax: (401) 722-3151*



Colonel **Brendan P. Doherty** **Steven G. O'Donnell**
Commissioner, Department of Public Safety
Superintendent, Rhode Island State Police

Chief **Anthony J. Silva** **Sergeant Scott N. Ravnes**
Executive Director
Municipal Police Training Academy

Physical Performance Assessment (PPA)

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

In consideration of participation in the Physical Performance Assessment, I understand and agree to the following:

- 1.) The Candidate understands and recognizes that Law Enforcement related testing involves a degree of physical exercise and physical contact, certain inherent risks and dangers, which could result in physical and emotional injury, disability or death.
- 2.) The Candidate warrants, represents and certifies that he/she has reviewed and understand each and every separate test comprising the PPA that the Candidate will be required to perform, and states that he/she is not aware of possessing any physical or medical condition which will be aggravated, worsened or otherwise adversely affected by the strenuous nature of the PPA tests.
- 3.) The Candidate warrants, represents and certifies that he/she is mentally and physically capable of participating in the Physical Performance Assessment (PPA), has sufficiently prepared or trained for participation, and has not been advised to not participate by a qualified medical professional. The Candidate warrants, represents and certifies that he/she does not suffer from a chronic/acute problem of the neck, back, wrist, knee, heart or muscular system, or another medical condition which could otherwise be made worse by participation in the Rhode Island Municipal Police Training Academy PPA.
- 4.) The Candidate consents to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during the training.
- 5.) The Candidate hereby waives all claims, releases, indemnifies and holds harmless the State of Rhode Island and all its officials, officers, agents and employees in both their public and private capacities, from any and all liability, claims, suits, demands, expenses of litigation, or causes of action which may arise by reason of injury to persons or loss of, damage to or loss of use of any property occasioned by error, omission, or negligent act of the Candidate or any other persons with regard to this Agreement.
- 6.) The Candidate hereby agrees to indemnify, defend and hold harmless the State of Rhode Island and all its officials, officers, agents and employees in both their public and private capacities, from and against

any and all claims, losses, damages, causes of action, suits, and liability of any kind, including all expenses of litigation, including but not limited to court costs and attorney fees for death or injury, or loss of, damage to, or loss of use of any property arising out of or in connection with this Agreement, except for gross negligence or unlawful conduct as determined by a Court of Law.

- 7.) The Candidate intends that this Agreement shall be effective and binding upon his/her heirs, next of kin executors, administrators and assigns in the event of my death.

I, the undersigned, have carefully read this Agreement in its entirety and fully understand all its terms. I am aware that the agreement contains a waiver of liability, an assumption of risk, and an agreement by me to release and indemnify the State of Rhode Island. I execute it voluntarily and with full knowledge of its significance.

In witness whereof I have executed this release on _____, in the State of Rhode Island.

Signature

WITNESSES:

